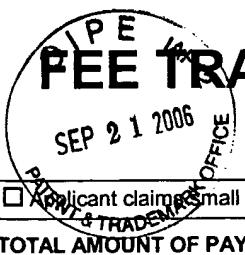


| | | | |
|--|----------|--------------------------|-------------------|
|  | | <i>Complete if Known</i> | |
| | | Application Number | 10/719,977 |
| | | Filing Date | November 21, 2003 |
| | | First Named Inventor | Stephane Moreau |
| | | Examiner Name | 3634 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | Jerry E. Redman |
| TOTAL AMOUNT OF PAYMENT | (\$ 535) | Attorney Docket Number | W53.12-0002 |

METHOD OF PAYMENT (Check all that apply)

☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (Please Identify): _____

☒ Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s)
☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|--------------|--------------|--------------|------------------|--------------|----------------|
| | Small Entity | Small Entity | Small Entity | Small Entity | Small Entity | Small Entity | |
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|---|----------------|----------|---------------|---------------------------|
| 35 | - 20 or HP = 1 | x 25 = | 25 | |
| HP = highest number of total claims paid for, if greater than 20 | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | |
| 3 | - 3 or HP = 0 | x 200 = | 0 | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | |

3. APPLICATION SIZE FEE

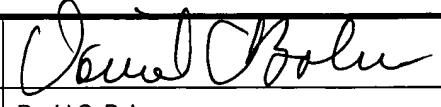
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| 0 | - 100 = 0 | / 50 = 0 (round up to a whole number) x | 250 | = 0 |

4. OTHER FEE(S)

| | Fee(s) Paid (\$) |
|---|------------------|
| Non-English Specification, \$130 fee (no small entity discount) | - |
| Other: 3 mo extension of time | 510 |

SUBMITTED BY

| | | | | |
|-------------------|---|-----------------------------------|--------|-------------------------|
| Signature |  | Registration No. (Attorney/Agent) | 32,015 | Telephone: 612-334-3222 |
| Name (Print/Type) | David C. Bohn | | | Date: 19 Sept 2006 |